

I hereby certify that, on the date shown below, this correspondence is being:

- ☐ deposited with the United States Postal Service in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450,  
☐ under 37CFR § 1.8(a), with sufficient postage as first class mail, or  
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☐ transmitted via the Office electronic filing system in accordance with 37 CFR § 1.8(a)(4)

Date: June 13, 2008

By: A-M  
Anna M. Pignatoni

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Mary Southam, et al.

Serial No: 09/781,041

Filed: 02/09/2001

US Patent No: 6,425,892

Granted: 07/30/2002

Title: DEVICE FOR TRANSDERMAL  
ELECTROTRANSPORT DELIVERY OF  
FENTANYL AND SUFENTANIL

Confirmation No. 9235

Examiner: Mark Bockelman

Group Art Unit: 3762

**Attorney Docket No:  
ARO7828USA**

Mail Stop Hatch-Waxman PTE  
Commissioner for Patents  
United States Patent and Trademark Office  
P.O. Box 1450  
Alexandria, VA 22313-1450

In Re: Patent Term Extension Application for U.S. Patent No. 6,425,892

Dear Commissioner:

In response to the Notice of Final Determination ("Notice") for Patent Term Extension application for U.S. Patent No. 6,425,892 mailed January 16, 2008, ALZA Corporation, patent owner of record, hereby petitions for a four-month extension of time under 37 C.F.R. § 1.136(a).

The Notice provided a response period of two months from the January 16, 2008 mailing date for filing a single request for reconsideration, the response period being extendable under 37 C.F.R. § 1.136. The four-month extension-of-time requested herein will extend the response date to July 16, 2008.

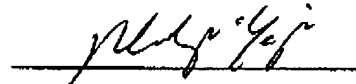
A Petition for a three-month extension of time was submitted on 05/15/2008 with authorization to charge the requisite fee from our deposit account No. 10-0750. Thus, it is requested that a fee of \$590 for the

difference of payment for the presently requested four-month extension from the three-month extension be charged at this time.

The Commissioner is hereby authorized to charge the corresponding extension of time fee pursuant to 37 C.F.R. § 1.136(a), and any other required fee in connection with this communication, to Deposit Account No. 10-0750. Any deficiency or overpayment should be charged or credited to the above numbered deposit account.

Respectfully submitted,

Dated: June 13, 2008



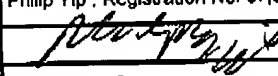
Philip Yip  
Registration No. 37,265  
Attorney for Applicant  
**Customer No. 27777**


ALZA Corporation  
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/781,041	
	Filing Date	02/08/2001	
	First Named Inventor	Larry A. McNichols	
	Art Unit	3762	
	Examiner Name	Mark Bockelman	
Total Number of Pages in This Submission	4	Attorney Docket Number	ARO7828USA

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks: 1. Patent Term Extension Application for US Patent No. 6,425,892		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Alza Corporation Philip Yip, Registration No. 37,265
Signature	
Date	June 13, 2008

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. transmitted via facsimile - fax no.: 571-273-7728	
Typed or printed name	Anna M. Pignatoni
Signature	
Date	June 13, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FACSIMILE TRANSMITTAL SHEET**

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P.O. BOX 1450  
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FROM: PHILIP YIP

FAX: (571)-273-7728

COMPANY:  
ALZA CORPORATION

DATE:  
June 13, 2008

FAX NUMBER:  
650-564-2195

TOTAL NO. OF PAGES INCLUDING COVER:  
5

PHONE NUMBER:  
650-564-4157

SENDER'S REFERENCE NUMBER:  
ARO7828USA

**XURGENT**

FOR REVIEW

☐ PLEASE COMMENT

☒ PLEASE REPLY

☐ PLEASE RECYCLE

**RE: PATENT TERM EXTENSION US PATENT NO. 6,425,892**  
**(SEE ATTACHED)**

If there is an error with this transmission or if all referenced attachments are not received, please call the sender, Anna Pignatoni 650-564-4157.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number (Optional) <b>ARO7828USA</b>
In re Application of <b>Mary Southam, et al.</b>		
Application Number <b>09/781,041</b>		Filed <b>02/09/2001</b>
For <b>DEVICE FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY OF FENTANYL AND BUPFENTANIL</b>		
Art Unit <b>3762</b>		Examiner <b>Mark Bockelman</b>

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input checked="" type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ <b>1,640</b>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ \_\_\_\_\_.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 10-0750.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 37,285

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Date <u>June 13, 2008</u>	<div style="text-align: center;">_____ Signature</div>
Telephone Number <u>650-564-7054</u>	<div style="text-align: center;">_____ Typed or printed name</div>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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